



# DEKALB COUNTY GOVERNMENT

Human Resources Department  
1300 Commerce Drive, Suite 100  
Decatur, Georgia 30030

## Employment Application for: Temporary Employment

DeKalb County Government is an Equal Opportunity Employer and does not discriminate on the basis of Race, Sex, Age, National Origin, Religion, Sexual Orientation or Physical/Mental Disability (except where physical/mental requirements constitute a bona fide occupational qualification).

Name:			Soc. Sec. No.:		
(Last)	(First)	(Middle Initial)			
Address:					
(Number, Street, and Building Number)		(City)	(County)	(State)	(Zip Code)
Daytime Telephone ( )		Evening Telephone: ( )	E-mail Address:		

Have you ever been employed with DeKalb County Government? <input type="checkbox"/> Yes <input type="checkbox"/> No	Last Dates of Employment: (from) _____ to _____	
	Department in which you were last employed _____	
	Title of last position held with DeKalb County _____	

Are you at least 18 years of age? ☐ Yes ☐ No

Are you willing to accept temporary employment? ☐ Yes ☐ No

Are you a citizen of the United States? ☐ Yes ☐ No If no, are you legally authorized to work in the U.S.? ☐ Yes ☐ No

(All employees are required to provide proof of identity and authorization of employability.)

### EDUCATION AND TRAINING

Are you a high school graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		If you are not a high school graduate, do you have a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you have no High School Diploma or G.E.D., how many years of school did you complete (circle one)? 1 2 3 4 5 6 7 8 9 10 11 12			
High School Name or GED Institution:		Location (City/State):	
College/University Name and Location	Number of Years Completed 1 2 3 4	Degree Earned <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Degree (AA, BA, MS, etc) Major Course of Study
List other training:			

### EMPLOYMENT HISTORY (List your past employers, starting with the most recent, including military experience.)

From (Date):	To (Date):	Employer/Organization	Supervisor Name and Phone # ( ) -
Job Title		Address	
Reason for leaving		Describe Duties	
From (Date):	To (Date):	Employer/Organization	Supervisor Name and Phone # ( ) -
Job Title		Address	
Reason for leaving		Describe Duties	
From (Date):	To (Date):	Employer/Organization	Supervisor Name and Phone # ( ) -
Job Title		Address	
Reason for leaving		Describe Duties	

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**Date**